

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Salisbury</i>		Town <i>Salisbury</i>		County <i>Wicomico</i>		MARYLAND	
Date of death 1903	Month <i>June</i>	Day <i>25</i>	Age	Years	Months <i>7</i>	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>				
Married, Single or Widowed <i>Single</i>	Occupation						
Name of Wife or Husband							
Father's Name <i>Gordon Adams</i>				Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Scottie Brittingham</i>				Mother's Birthplace <i>"</i>			
Name of person giving information <i>Geo. H. Britton</i>				How related to deceased <i>None</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Bowel trouble of some kind</i>	How long <i>105</i>
Immediate	<i>(No Doctor)</i>	How long
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>Geo. C. Hill</i>
		Address <i>Undertaker</i>
		<i>Salisbury Md.</i>
Accident or Suicide?		



Name
in
Full

Clarisa C. Adkins

CERTIFICATE OF DEATH

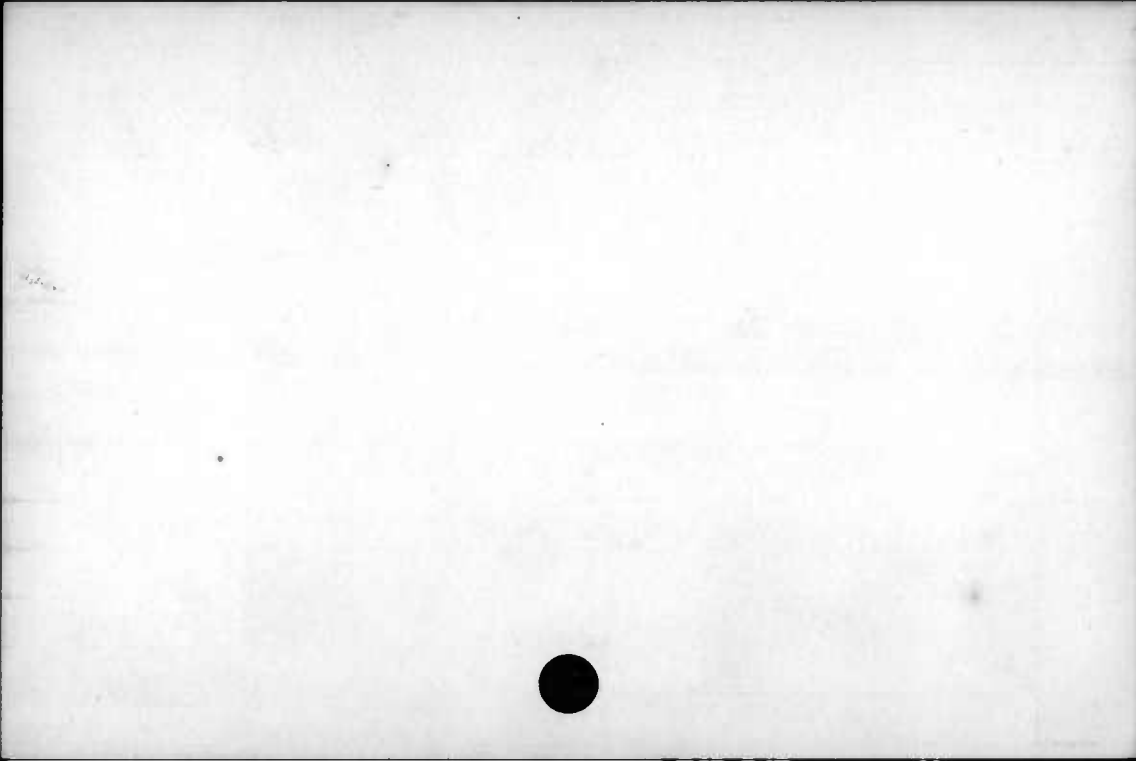
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Salisbury</i> ^{Town}			<i>Wicomico</i> ^{County}			MARYLAND			
Date of death 190 <i>3</i>		Month <i>June</i>		Day <i>20</i>		Age <i>17</i> ^{Years}		<i>3</i> ^{Months}	<i>24</i> ^{Days}
Sex <i>Female</i>			Color or Race <i>White</i>			Birth-place <i>Md</i>			
Married, Single or Widowed <i>Single</i>				Occupation <i>Housework</i>					
Name of Wife or Husband									
Father's Name <i>Lambert W Adkins</i>						Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Gola Hitebr</i>						Mother's Birthplace <i>Md</i>			
Name of person giving information <i>Della Adkins</i>						How related to deceased <i>Sister</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Killed by Pistol shot</i>		How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>F. M. Lemons</i>
		Address <i>Salisbury</i>
Accident or Suicide? <i>Homicide</i>		



Name
in
Full

Mary Beathard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Halbro* Town *Wicomico* County
 Date of death 190 *3* Month *6* Day *23* Age *--* Years Months *10* Days *7*
 Sex Color or Race Birth-place

Married, Single or Widowed *Single* Occupation

Name of Wife or Husband

Father's Name *Lennie D. Beathard*Father's Birthplace *near Halbro*Mother's Maiden Name *Ada Larrimer*Mother's Birthplace *Nantuxke*Name of person giving information *Father of Deceased*

How related to deceased

CAUSES OF DEATH

Primary *Dysentary*

How long

Immediate

14

How long

2 weeks

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

A. L. Sealmore

Address

Mardela Md

Accident or Suicide?



Name
in
Full

Frank Boston

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Salisbury</i> ^{Town}		<i>Wicomico</i> ^{County}		MARYLAND	
Date of death 190	<i>3</i> ^{Month}	<i>June</i> ^{Day}	<i>18</i> ^{Years}	Age <i>18</i>	<i>18</i> ^{Months}
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>Farmington Md</i>			
Married, Single or Widowed <i>Single</i>	Occupation <i>House-boy</i>				
Name of Wife or Husband <i>✓</i>					
Father's Name <i>Don't know</i>			Father's Birthplace <i>✓</i>		
Mother's Maiden Name <i>Don't know</i>			Mother's Birthplace <i>✓</i>		
Name of person giving information <i>J. A. Smith</i>			How related to deceased <i>None</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid fever</i>	How long <i>4 weeks</i>
Immediate <i>meningitis</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. A. Smith</i>
	Address <i>Salisbury, Md</i>
Accident or Suicide? <i>✓</i>	



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

Died at		Town		County		MARYLAND	
Date	Month	Day	Age	Years	Months	Days	
of death 190	6	24			6		
Sex	Male		Color or Race	White		Birth-place	MD
Married, Single or Widowed			Occupation				
Name of Wife or Husband							
Father's Name			Laurie C. Bounds		Father's Birthplace		MD
Mother's Maiden Name			Minnie Lawrence		Mother's Birthplace		MD
Name of person giving information			Emma Deming		How related to deceased		Sister

CAUSES OF DEATH

Primary	Cholera Infantum	How long	4 days
Immediate	Brain Fever	How long	1 - -
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Dr. Long was to see it	
Address		I was told	
Accident or Suicide?		No	
Name of Undertaker		Geo. C. He	
City		Salisbury MD	



Name
in
Full

Matthias Byrd

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fruitland</i> ^{Town}		<i>Wicomico</i> ^{County}		MARYLAND	
Date of death 1903	Month <i>June</i>	Day <i>4th</i>	Years <i>40</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>Negro</i>		Birth-place <i>Maryland</i>		
Married, Single or Widowed <i>Single</i>		Occupation			
Name of Wife or Husband <i>_____</i>					
Father's Name <i>Stephen Byrd</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Matilda Byrd</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Samuel Harmon</i>			How related to deceased <i>Friend</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>(No Doctor) supposed to</i>	How long <i>six or seven</i>
Immediate <i>be consumption 27</i>	How long <i>Months</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Geo. C. Hill</i>
	Address <i>Undertaker</i>
	<i>Salisbury Md.</i>
Accident or Suicide?	



Name
in
Full

Florence Cantwell

CERTIFICATE OF DEATH

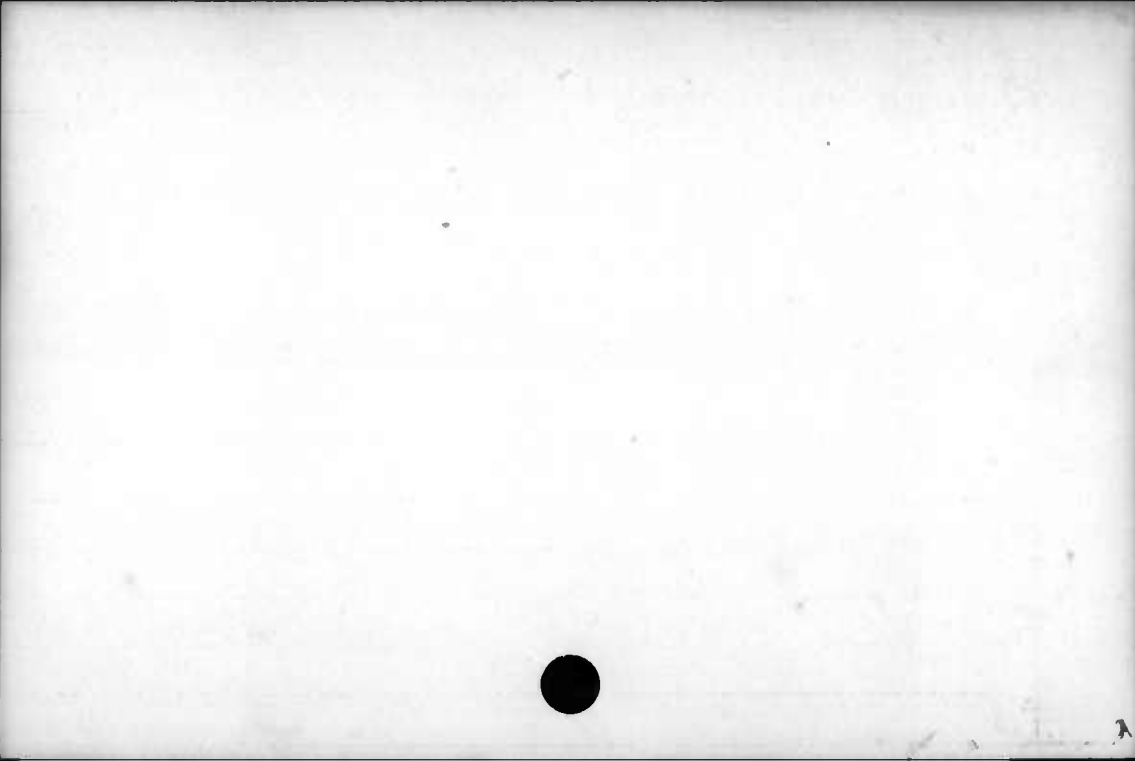
Died at		Salisbury		Wicomico		MARYLAND	
Date	Month	Day	Age	Years	Months	Days	
of death 1903	June	24	36				
Sex	Female		Color or Race	white		Birth-place	Md.
Married, Single or Widowed	Married		Occupation	Housewife			
Name of Wife or Husband	Wilmer Cantwell						
Father's Name	Samuel Taylor				Father's Birthplace	Md	
Mother's Maiden Name					Mother's Birthplace	Md	
Name of person giving information	Joseph Cantwell				How related to deceased	Husband's Bro.	

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary	Sudden		How long	not sick	
Immediate	unknown		How long	179	
Are the name, age, sex, color, date and place correctly given above?			Yes		
Signature of Physician			F. M. Hemmons		
Address			Salisbury Md		
Accident or Suicide?					

PHYSICIAN
OR CORONER



Annie Church

Town

County

Died at Mar Quantico

Wicomico

MARYLAND

Date 1903 Month Day Y. M. D. Native of Occupation

June 20 Infant Quantico

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~~~Number of children living~~~~Husband~~~~Wife~~

Father's

Name

William Church

Mother's

Name

Annie Church

Cause of

Primary

Don't know

How long sick

2 weeks

Death

Immediate

Don't know

Accident, Suicide, Homicide

Reported by

Address

James M. Jones Undertaker
Quantico Md



Name in Full

Certificate of Death

John Church

Town

County

Died at near Quantico

MARYLAND

Date 1903 June 20 Y. M. D. Native of Occupation
 Male ~~White~~ Married ~~Widow~~ ~~Divorced~~
~~Female~~ Colored Single ~~Widower~~ Number of children living

Husband
ofFather's
Name Samuel ChurchMother's
Name Theresa Church

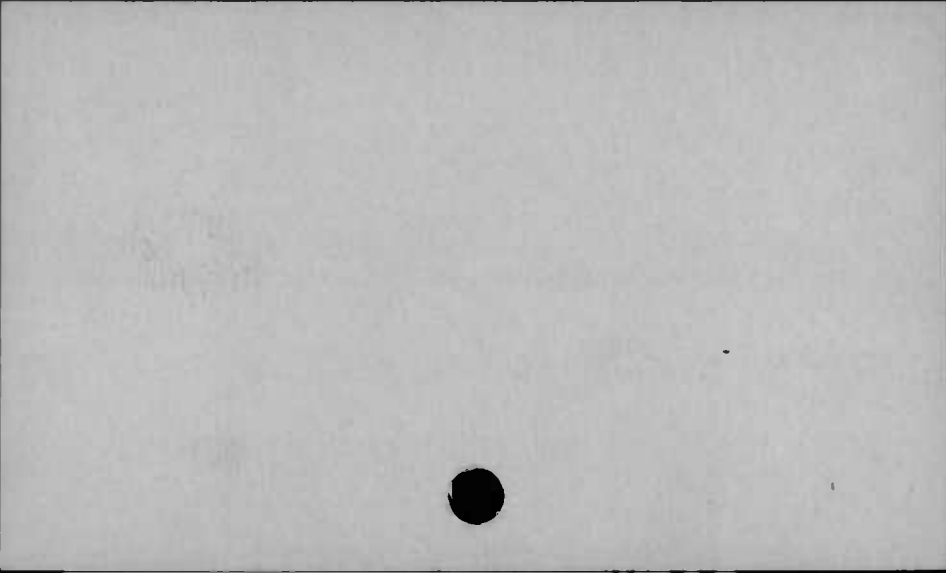
Cause of Primary
 Death Immediate Dysentery
 How long sick 2 weeks
 Accident, Suicide, Homicide

Reported by Wm. H. H. Dashiell M.D.

Address Quantico Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Date

of death 1903

Month

Day

Age

Years

Months

Days

Sex

Color or
RaceBirth-
placeMarried, Single
or Widowed

Occupation

Name of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formationHow related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
~~Physician~~

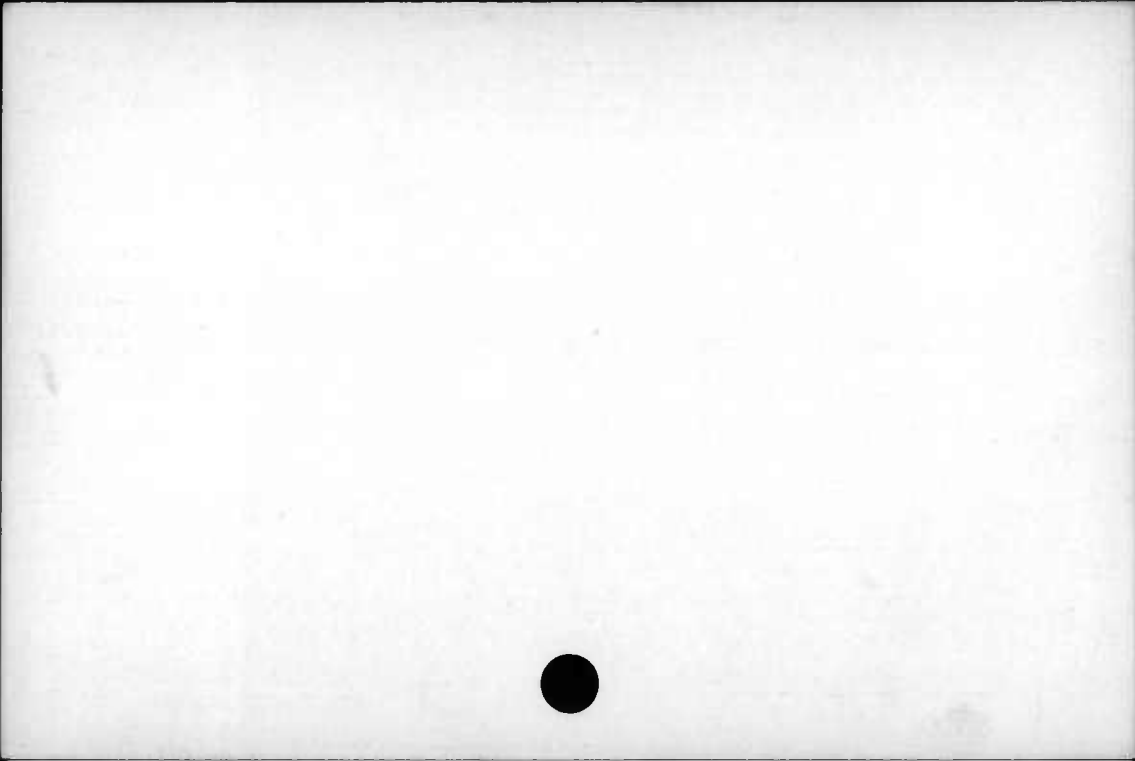
Address

Accident or Suicide?

PHYSICIAN
OR CORONER



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Sholen farm near</i>		Town <i>Salisbury</i>		County <i>Wilcombe</i>
	Date of death 190 <i>3</i>		Month <i>June</i>	Day <i>22</i>	Age Years Months Days <i>2 4</i>
	Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Md</i>
	Married, Single or Widowed		Occupation		
	Name of Wife or Husband				
	Father's Name <i>Samuel Ely</i>			Father's Birthplace <i>Md</i>	
	Mother's Maiden Name <i>Sarah Curtis</i>			Mother's Birthplace <i>Md</i>	
Name of person giving information <i>Samuel Ely</i>			How related to deceased <i>Father</i>		
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Spasms & Heart failure</i>			How long <i>one day</i>	
	Immediate			How long	
	Are the name, age, sex, color, date and place correctly given above? <i>So far as we know</i>			Signature of Physician <i>W. E. Holloway & Co</i>	
				Address <i>Salisbury Md</i>	
Accident or Suicide?			<i>undertaking</i>		



Name
in
Full

Cora B Ennis

CERTIFICATE OF DEATH

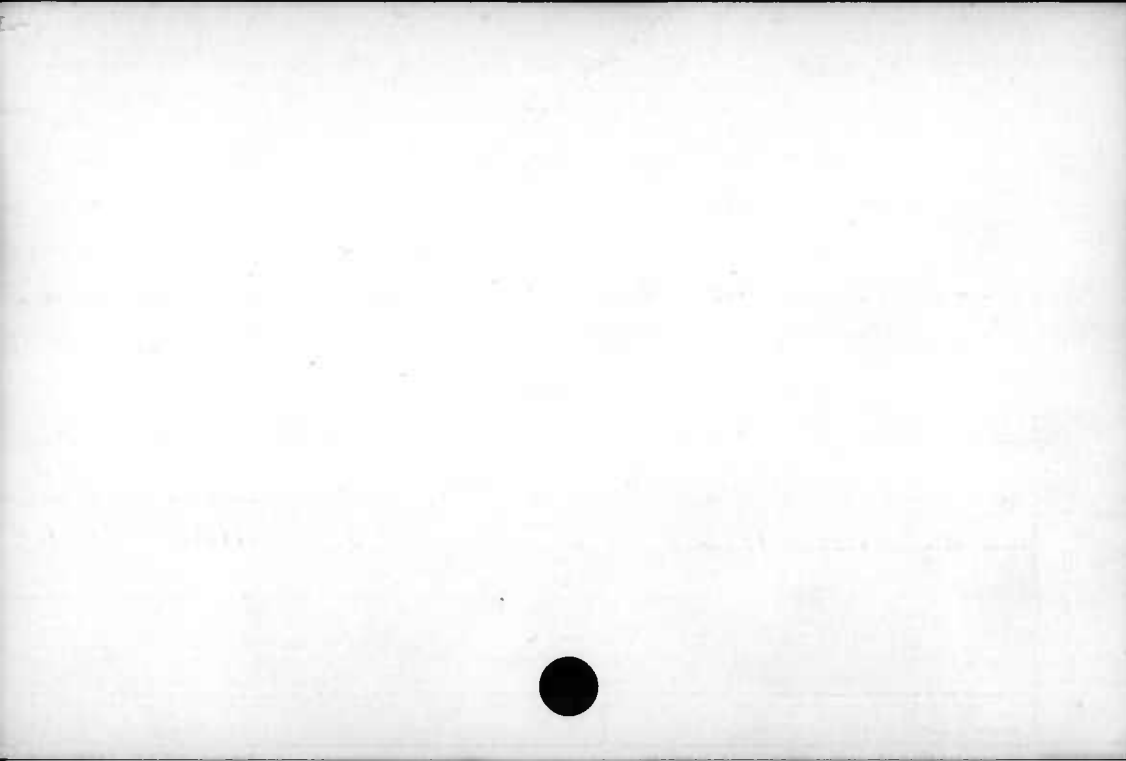
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Salisbury</u> Town		<u>Wicomico</u> County		MARYLAND	
Date of death 190 <u>3</u>	Month <u>June</u>	Day <u>12</u>	Age <u>21</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Md</u>			
Married, Single or Widowed <u>Married</u>		Occupation <u>Clerk</u>			
Name of Wife or Husband <u>Matthias Ennis</u>					
Father's Name <u>John Young</u>			Father's Birthplace <u>Md</u>		
Mother's Maiden Name <u>Leon. S. Brown</u>			Mother's Birthplace <u>Bay - Area</u>		
Name of person giving information <u>Matthias Ennis</u>			How related to deceased <u>Husband</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Suppur abscess in Stomach</u>	How long <u>nine months</u>
Immediate <u>179</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>So far as I know</u>	Signature of Physician <u>B. E. Hallenray & Co</u>
<u>known</u>	Address <u>Salisbury Md - Sunderland</u>
Accident or Suicide?	



Name in Full

Certificate of Death

Infant (not named) Fletcher
 Died at Sharp's Point Wicomico MARYLAND
 Town County
 Date 1903 June 30 Age 7 Y. M. D. Native of Md. Occupation _____
 Male ☒ White ☒ Married ☒ Widow ☒ Divorced ☒
 Female ☒ Colored ☒ Single ☒ Widower ☒ Number of children living _____

Husband of _____

Wife _____

Father's Name Wm B. Fletcher Mother's Name Rog Smith
 Maiden Name _____

Cause of Death { Primary _____ How long sick _____
 Immediate Bowel Trouble Accident, Suicide, Homicide _____

Reported by Geo. C. Hill Salisbury Md.

Address _____

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

No Doctor

Name
in
Full

Not named

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Salisbury		County Wicomico		MARYLAND	
Date of death 190	3	Month June	Day 15	Age —	Years —	Months —	Days —
Sex	Male		Color or Race	White		Birth- place	Md.
Married, Single or Widowed				Occupation			
Name of Wife or Husband				none			
Father's Name				Ernest C. Gutherie		Father's Birthplace	Md
Mother's Maiden Name				Gertie E. German		Mother's Birthplace	Md
Name of person giving In formation				Geo. W. Todd		How related to deceased	none

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	don't know		How long	no physician
Immediate	Suppose valve trouble of heart		How long	attended, valve
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
			Geo. W. Todd	
			Address	
			Salisbury	
			Md	
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Virginia Belle

Hastings

Died at ^{Town} Salisbury^{County} Ancomico

MARYLAND

Date of death 1903 June

Day 6

Age Years 2

Months 1

Days

Sex

Female

Color or Race

White

Birth-place

Near Salisbury

~~Married~~ Single
~~or~~ Widowed

Occupation

none

Name of Wife or Husband

none

Father's Name

Jno. E. Hastings

Father's Birthplace

Maryland

Mother's Maiden Name

Belle Collins

Mother's Birthplace

Name of person giving information

John E. Hastings

How related to deceased

Father

CAUSES OF DEATH

Primary

Cholera Infantum

How long

3 days

Immediate

Anemia of Brain 106

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Geo. W. Todd

Address

Salisbury Md

Accident or Suicide?



Mary M. Hatton

Died at ^{Town} *Athol* ^{County} *Wicomico* State of *MARYLAND*

Date 1903 *June 25* Age *62* Native of *Maryland* Occupation *seamster*

~~Male~~ ☒ White ~~Married~~ ☒ Widow ~~Divorced~~ ☒

Female ☐ ~~Colored~~ ☐ Single ☐ ~~Widower~~ ☐ Number of children living *1*

Husband of *Elijah J. Hatton*

Wife *Elijah J. Hatton*

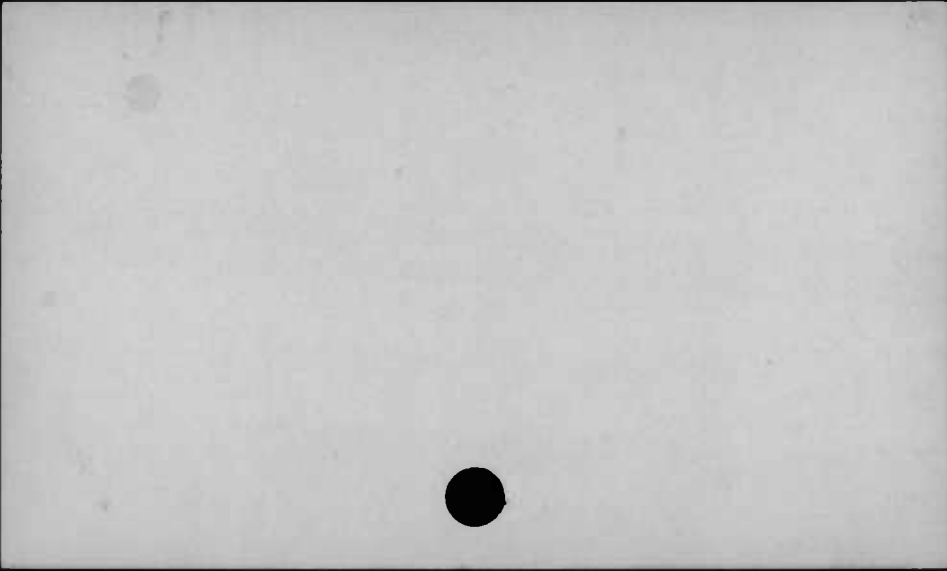
Father's Name *Joseph Humphries* Mother's Name *Mersiler Green*

Cause of Death { Primary *Dysentery* How long sick *five weeks*

Death { Immediate *Heart Failure* Accident, Suicide, Homicide ☐

Reported by *Louis W. Wilson*Address *Martins Spring Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Clarence Sydney Hatch

CERTIFICATE OF DEATH

Town

Salisbury

County

Wicomico Co.

MARYLAND

Died at

Franks Residence

Date

June 27

Month

June

Day

Saturday

Years

Age 32 yrs, 11 months

Months

Days

of death 1908

Sex

Male

Color or
Race

White

Birth-
place

Salisbury

Married, Single
or Widowed

Married

Occupation

Name of Wife or
Husband

Stella Rush

Father's
Name

Robert

Father's
Birthplace

Wicomico Co.

Mother's
Maiden Name

Nancy Fearn

Mother's
Birthplace

Wicomico Co.

Name of person giving
In formation

Mrs. Jennie Ellis

How related
to deceased

Sister

CAUSES OF DEATH

Primary

Tuberculosis

How long

Six months

Immediate

Tuberculosis

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Geo. H. Todd
Salisbury Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Millie Hitch

CERTIFICATE OF DEATH

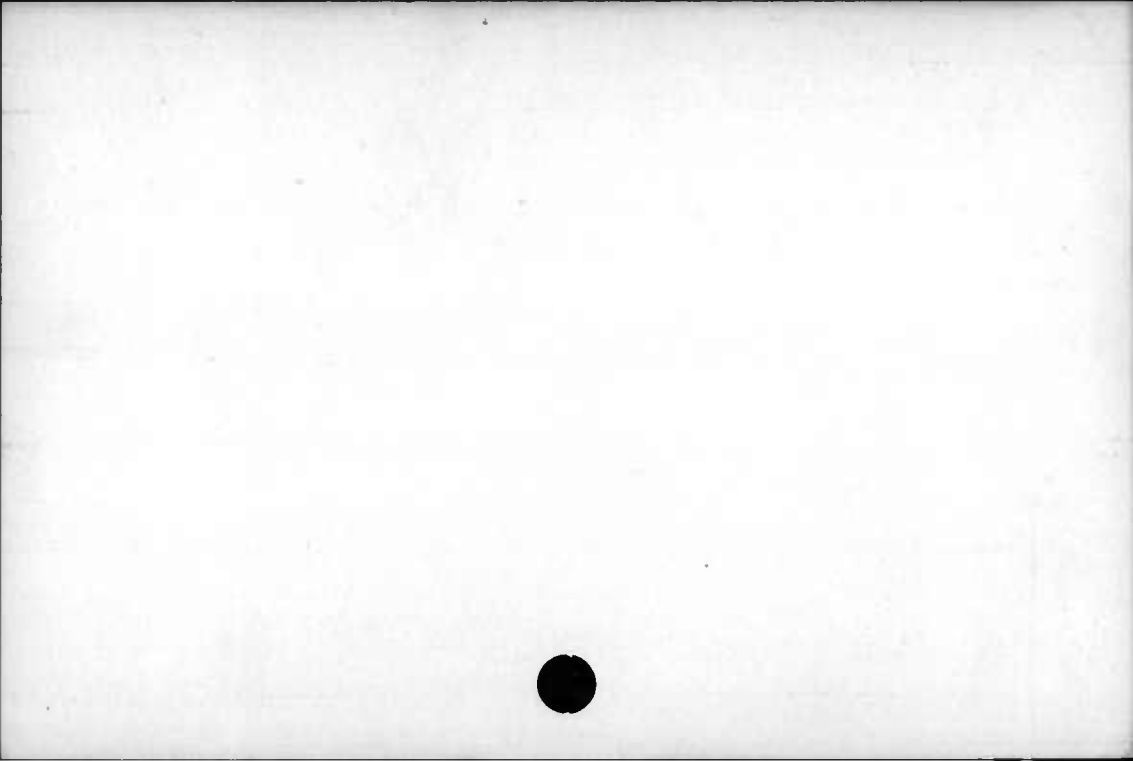
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Fruitland</i>		County <i>Wicomico</i>		MARYLAND	
Date of death 1903	Month <i>June</i>	Day <i>8th</i>	Years <i>90</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Negro</i>		Birth-place <i>Maryland</i>		
Married, Single or Widowed <i>Widow</i>	Occupation <i>none</i>				
Name of Wife or Husband					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>Azariah Wisharoon</i>			How related to deceased <i>none</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Supposed to be old age</i>	How long
Immediate <i>(No Doctor)</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Geo. C. Hill</i>
	Address <i>Undertaker Salisbury Md.</i>
Accident or Suicide?	



Name
In Full

Ephraim F. Holloway

CERTIFICATE OF DEATH

Town

County

Died at near Spring Hill

Wicomico

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1903

June

12

Age

76

7

Sex

Male

Color or Race

white

Birthplace

Maryland

Married, Single or Widowed

Widower

Occupation

Farmer

Name of Wife or Husband

Father's Name

John Holloway

Father's Birthplace

Maryland

Mother's Maiden Name

Sally Butler

Mother's Birthplace

"

Name of person giving information

William Holloway

How related to deceased

Son

CAUSES OF DEATH

Primary

He died suddenly (no Doctor)

How long

179

Immediate

supposed to be Heart disease

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Geo. C. Hill

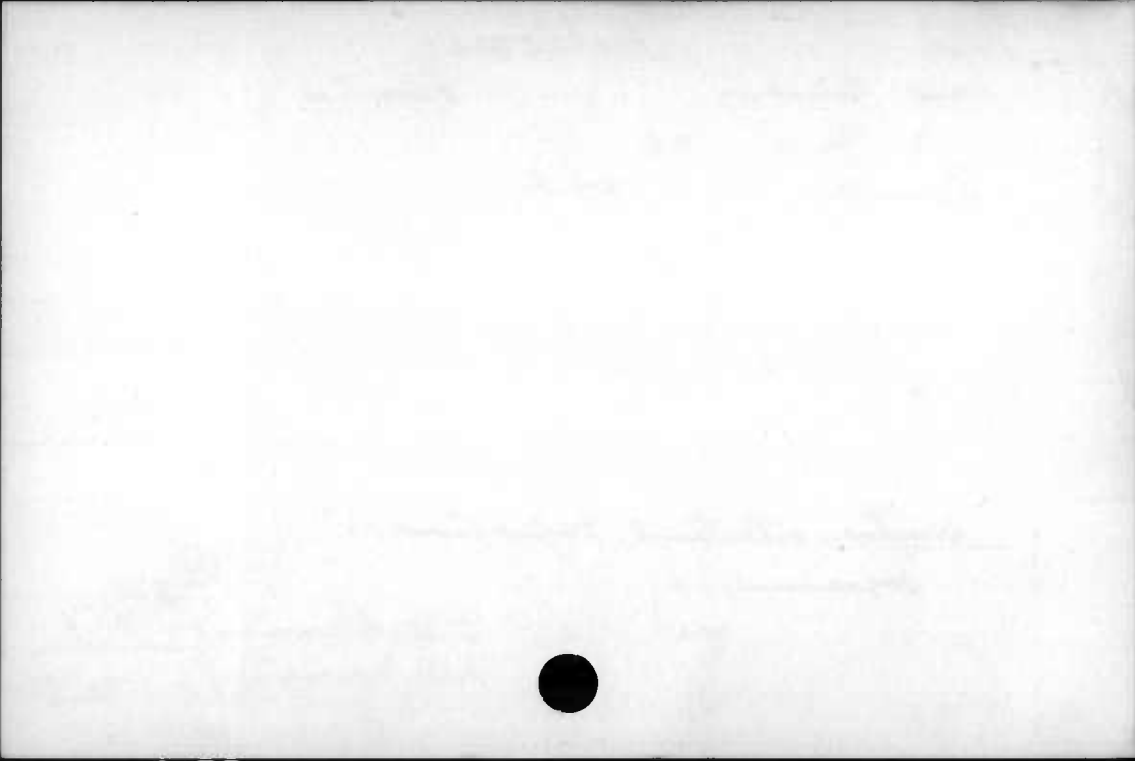
Address

Undertaker

Salisbury Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
FullMrs. *Judie L. Holloway*

CERTIFICATE OF DEATH

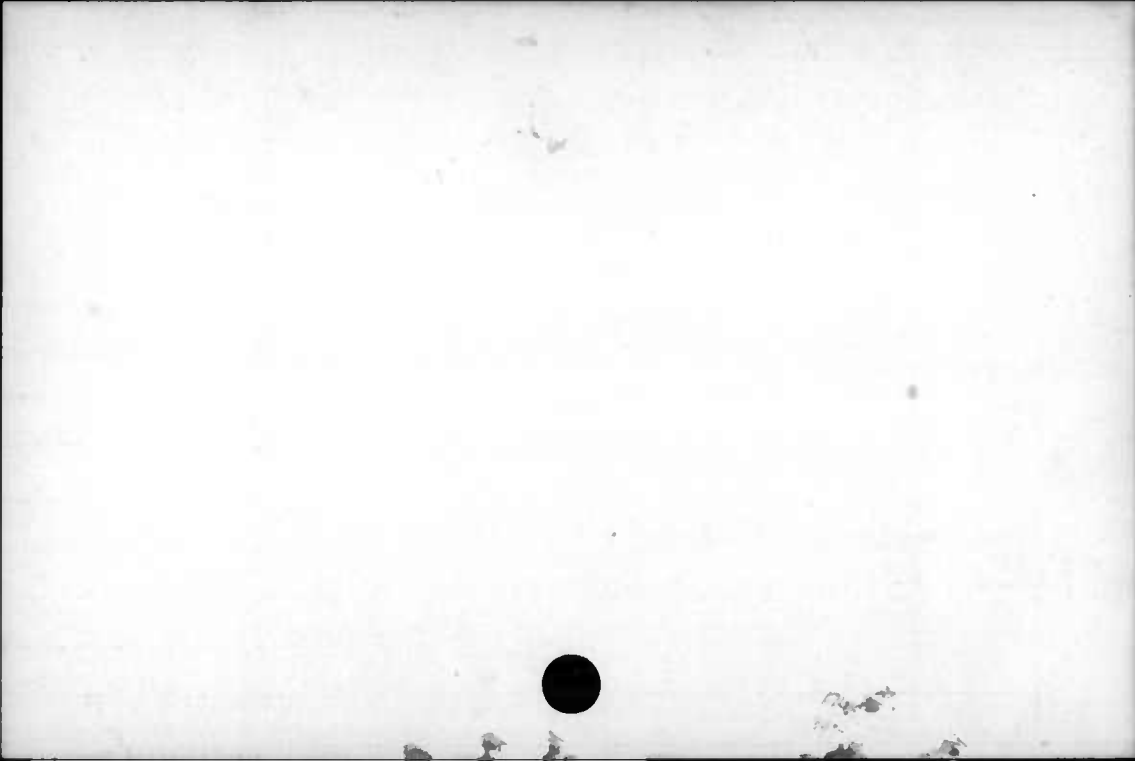
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Salisbury</i>		^{County} <i>Wicomico</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>June</i>	Day <i>26</i>	Age <i>34</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Delaware</i>		
Married, Single or Widowed <i>Married</i>			Occupation		
Name of Wife or Husband <i>Geo. W. Holloway</i>					
Father's Name <i>Alfred B. Hearn</i>			Father's Birthplace <i>Delaware</i>		
Mother's Maiden Name <i>Donnie Collier</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Geo. W. Holloway</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Gastro-intestinal Infection</i>	How long <i>106</i>
Immediate <i>Toxaemia, & Heart failure</i>	How long <i>8 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. M. Stevens</i> <i>Salisbury</i>
	Address <i>L. W. Hearn - 3</i> <i>Salisbury</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

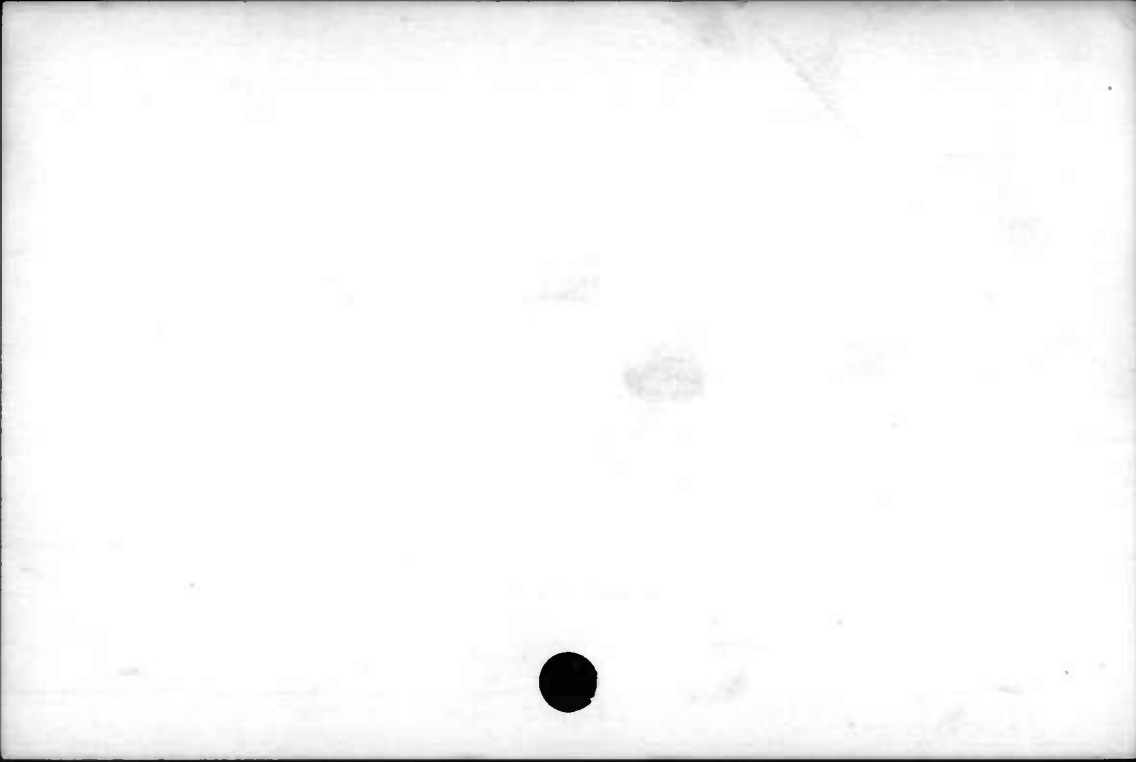
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near</i> ^{Town} <i>Mardela</i> ^{County} <i>Wicomico</i>		MARYLAND	
Date of death 1903	Month <i>June</i>	Day <i>23</i>	Age <i>—</i> Years
Sex <i>Male</i>		Color or Race <i>White</i>	Birth-place <i>MD</i>
Married, Single or Widowed		Occupation	
Name of Wife or Husband <i>105</i>			
Father's Name <i>Erving Kennedy</i>		Father's Birthplace <i>MD</i>	
Mother's Maiden Name <i>Mary E. Kennedy</i>		Mother's Birthplace <i>MD</i>	
Name of person giving information <i>Erving Kennedy</i>		How related to deceased <i>Father</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dysentery</i>	How long <i>7 weeks</i>
Immediate <i>Intestinal hemorrhage</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
<i>A. L. Sealrose</i>	Address <i>Mardela MD</i>
Accident or Suicide?	



Name
in
Full

John Elijah Lewis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Willards		County Wicomico		MARYLAND	
Date of death 190	3	Month June	Day 23	Age 5-5-	Years	Months	Days
Sex male		Color or Race white		Birth- place Wicomico Co.			
Married, Single or Widower				Occupation Farmer			
Name of Wife or Husband				Nancy Lewis			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving In formation				Kennedy L. Lewis How related to deceased his son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bright's + consumption	How long about 4 months
Immediate	120	How long
Are the name, age, sex, color, date and place correctly given above?		yes
Signature of Physician		J. Katliff Farlow
Address		New Hope, Md.
Accident or Suicide?		



Name in Full		W. Ballister				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Salisbury</i>		Town		<i>Wicomico</i>		County
	Date of death 190 <i>8</i>		Month <i>June</i>	Day <i>15</i>	Years <i>2</i>	Months <i>6</i>	Days
	Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Wicomico Co.</i>		
	Married, Single or Widowed <i>Single</i>		Occupation <i>child</i>				
	<u>Name of Wife or Husband</u>						
	Father's Name <i>Joseph W. Ballister</i>					Father's Birthplace	
PHYSICIAN OR CORONER	Mother's Maiden Name <i>Laura Lealor</i>					Mother's Birthplace	
	Name of person giving information <i>Physician</i>					How related to deceased <i>none</i>	
	CAUSES OF DEATH						
	Primary <i>Acute Dysentery</i>					How long	
Immediate <i>Colic</i>					<i>14</i>		
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>					How long <i>5 or 6 days</i>		
Signature of Physician <i>Frederic W. Morris, M.D.</i>					Address <i>Salisbury Md.</i>		
					<div style="background-color: black; width: 40px; height: 40px; margin: 0 auto;"></div>		
Accident or Suicide?							



Name
in
Full

Caroline Morris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Fruitland</i>		County <i>Wicomico</i>		MARYLAND	
Date of death 1903	Month <i>June</i>	Day <i>22</i>	Age <i>81</i>	Years	Months
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Maryland</i>		
Married, Single or Widowed <i>Widow</i>		Occupation <i>Housekeeper</i>			
Name of Wife or Husband <i>William P. Morris</i>					
Father's Name <i>Obediah Stanford</i>			Father's Birthplace <i>Md.</i>		
Mother's Maiden Name <i>Mary Jones</i>			Mother's Birthplace <i>Md.</i>		
Name of person giving information <i>Miss Mary Morris</i>			How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Said to have been paralyzed</i>	How long	<i>66</i>
Immediate	<i>Dr. J. J. Long of Allen attended her</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician (underker) <i>Geo. C. Hill</i>	
		Address <i>Salisbury Md.</i>	
Accident or Suicide? <i>-</i>			



Name
in
Full

Rob. J. Smith

CERTIFICATE OF DEATH

Town

County

Wicomico

MARYLAND

Died at

Date

of death 1903

Month

June

Day

20

Age

Years

2

Months

4

Days

7

Sex

Male

Color or
Race

White

Birth-
place

Wicomico

Co.

Married, Single
or Widowed

Single

Occupation

none

Name of Wife or
HusbandFather's
Name

Wm. L. Smith

Father's
Birthplace

Wicomico Co

Mother's
Maiden Name

Annie B. Ingersoll

Mother's
Birthplace

Wicomico Co

Name of person giving
In formation

"

"

"

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Enterocolitis

How long

106

Immediate

"

"

How long

10 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Geo. W. Todd

Address

Salisbury Md

Accident or Suicide?



Name in Full

Wm. S. Smith
 Town _____ County _____

Died at Near Duaneville Wisconsin MARYLAND

Month Day Y. M. D. Native of Occupation

Date 189 1903 June 12 Age 62

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

Widower

Number of children living

5

Husband

of

~~Wife~~

Father's

Name

Don't know

Mother's

Name

Don't know

Cause of

Primary

Chronic Liver Disease

How long sick

One week

Death

Immediate

Congestion of Liver

Accident, Suicide, Homicide

Reported by

W. H. H. Dashiell M.D.

Address

9

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

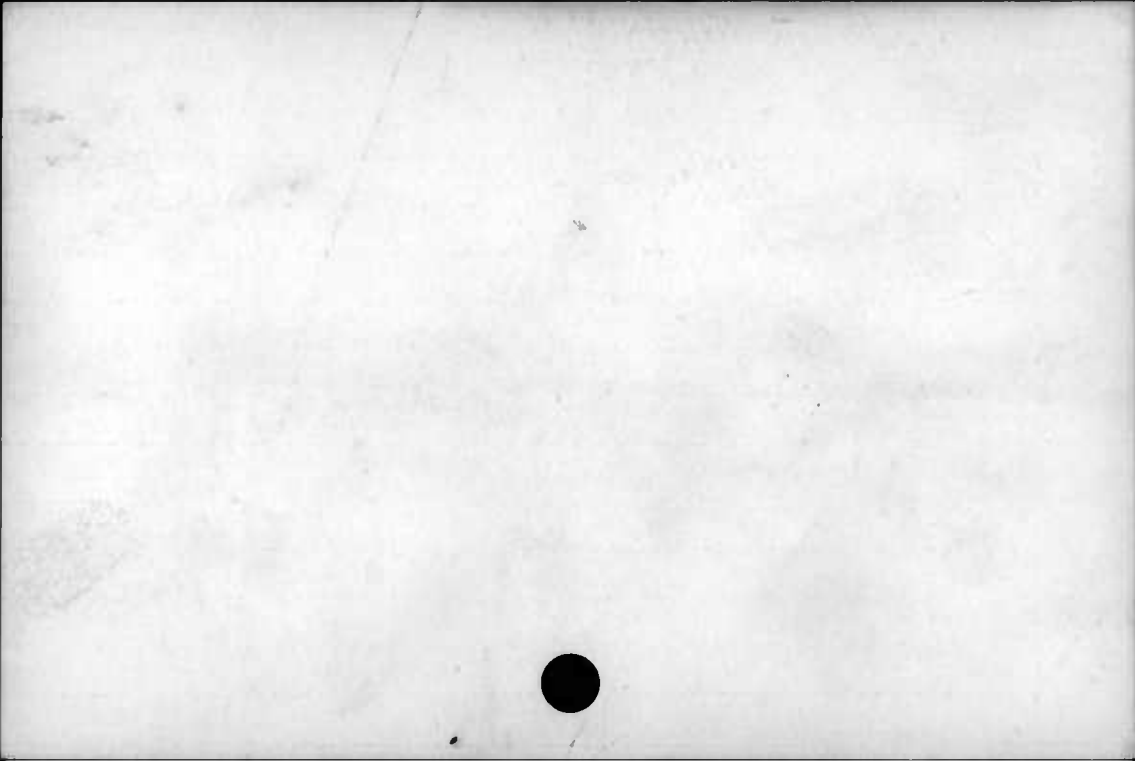
TO BE ANSWERED BY
NEAREST FRIEND

James B Taylor		Town		County		MARYLAND	
Died at Salisbury		Wisconsin					
Date of death 1903	Month May	Day 29	Age 44	Years	Months	Days	
Sex male	Color or Race White	Birth-place Md					
Married, Single or Widowed married		Occupation Laborer					
Name of Wife or Husband Laura Taylor							
Father's Name Levin Taylor				Father's Birthplace Md			
Mother's Maiden Name Elisabeth Huston				Mother's Birthplace Md			
Name of person giving information Laura Taylor				How related to deceased Wife			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Wickover	179	How long
Immediate	Was dead when I saw him		How long
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician Louis Willson M.D.
		Address	Salisbury Md
Accident or Suicide?			



Name in Full

Certificate of Death

Mary Hester Taylor
 Town _____ County _____

MARYLAND

Died at

*Quantico**Wicomico*

Month Day

Y. M. D.

Native of

Occupation

Date

*1903 June 22*Age *30**Quantico Housekeeper*~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

Husband *df*

Wife

Father's

Name

Joshua Taylor

Mother's

Name

Mary Taylor

How long sick

Cause of

Primary

Death

Immediate

Childbirth

Accident, Suicide, Homicide

Reported by

Wm. H. H. Dashiell M.D.

Address

Quantico Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66962



Name in Full

Certificate of Death

Mary H. Taylor

Town

County

Died *Quantico**Wicomico*

MARYLAND

Date 189 *1903* Month *June* Day *22*

Y. M. D.

Native of

Occupation

Age *35**Quantico Housekeeper*~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband
of
Wife

Father's

Name

Joshua Taylor

Mother's

Name

Mary Taylor

Cause of Primary

How long sick

2 weeks

Death Immediate

Child birth

Accident, Suicide, Homicide

Reported by

W. H. H. Dashiell M.D.

Address

*Quantico**Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65963



Name in Full		Emma V. White				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Near ^{Town} Whayland		County ^{County} Wicomico	
		Date of death 1903		Month ^{Month} June		Day ^{Day} 2 nd	
		Age		Years 38		Months	
		Sex		Female		Color or Race	
		White		Birth-place		Maryland	
		Married, Single or Widowed		Single		Occupation	
		Housekeeper		Name of Wife or Husband			
Father's Name		Beauchamp White		Father's Birthplace		Maryland	
Mother's Maiden Name		Mary Banks		Mother's Birthplace		"	
Name of person giving In formation		John A. Twigg		How related to deceased		Friend	
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary				How long	
		(Apparently) consumption				Two Years	
		Immediate				How long	
		No Doctor within last six months				months	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Geo. C. Hill			
		Address		Undertaker			
				Salisbury Md.			
Accident or Suicide?							

